

## Delirium Screening Tool

Is there a marked change in behaviours?

Yes /No

Does this patient have any of the following delirium risk factors?

- |   |                          |                             |                          |
|---|--------------------------|-----------------------------|--------------------------|
| • Clinical changes/infection                | <input type="checkbox"/> | • Age 65 +                  | <input type="checkbox"/> |
| • Vision/hearing Impairment                 | <input type="checkbox"/> | • Cognitive impairment      | <input type="checkbox"/> |
| • Indwelling catheter                       | <input type="checkbox"/> | • Dementia                  | <input type="checkbox"/> |
| • Polypharmacy/recent changes to medication | <input type="checkbox"/> | • Behaviours that challenge | <input type="checkbox"/> |
|   |                          | • Recent hospital admission | <input type="checkbox"/> |

### Consider delirium if there is

Acute onset (within days/hours) and fluctuating

**AND**

Inattention (distractible/ not concentrating)

**AND EITHER**

Disorganised thinking (rambling) **OR** Altered consciousness (hyper alert/drowsy)

Family and carers may be able to help to identify changes of behaviour/consciousness

If you cannot distinguish between delirium and other causes of behaviour change.

**TREAT DELIRIUM FIRST**

#### Delirium **present**

- Discuss symptoms with GP/medical team
- Implement preventative strategies
- Give information to patient/carers
- Document
- Reassess at each patient contact-repeat this cycle if changes noted

#### Delirium **not present**

- Implement preventative strategies
- Document
- Reassess at each patient contact-repeat this cycle if changes noted